



ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES  
TOTAL RETENTION FACILITIES  
TOTAL RETENTION FACILITIES with LAND APPLICATION  
WASTEWATER BYPASS FORM

DEQ Facility ID: s30601 Facility Name: Pittsburg County: Pittsburg

Report all Total Retention Facility and  
Total Retention Facilities with Land Application  
wastewater bypasses to  
DEQ/ Environmental Complaints and Local Services  
within **24 hours** at:

**1-800-522-0206**

Mail or Fax written report including copies of ANY test results  
within **5 days** to:

**Department of Environmental Quality  
Environmental Complaints and Local Services  
P.O. Box 1677  
Oklahoma City, OK 73101-1677  
Fax No. (405) 702-6226**

DEQ notified: 05 22 2017 0258 ☐ AM ☒ PM Received by: \_\_\_\_\_  
Month Day Year Time

Period of bypass: From 05 19 2017 0730 ☐ AM ☒ PM  
Month Day Year Time  
To \_\_\_\_\_ ☐ AM ☐ PM  
Month Day Year Time

Type of Bypass: ☐ Pipe ☒ Lagoon/Basin ☐ Manhole ☐ Head Works ☐ Lift Station ☐ Irrigation

Strength of Bypass ☒ Raw ☐ Partially Treated ☐ Re-use (Category 4) Amount of Bypass: \_\_\_\_\_ gpd

Type of samples taken: ☐ BOD ☐ TSS ☐ Fecal ☐ pH ☒ None ☐ Other: \_\_\_\_\_

Geographical location of bypass and receiving stream if appropriate: lagoon

Reason for bypass: rain

Steps taken to prevent recurrence: \_\_\_\_\_

Were fish or other wildlife affected as a result of the bypass? ☐ Yes ☒ No How? \_\_\_\_\_

Impact to receiving stream and /or surrounding areas: none

Steps taken to clean up or treat bypass: lime area

Reported by: Lacey Allen Title: Mgr

Signature: \_\_\_\_\_ Date: 052217 Phone #: \_\_\_\_\_  
Facility Representative

DEQ EPS USE ONLY:

Type of Contact: ☐ Phone or ☒ Site Visit Date: 6/1/17 Follow up Site Visit ☐ Date: \_\_\_\_\_

Geographical location of bypass and receiving stream if appropriate: 3<sup>rd</sup> lagoon cell along North east side

Reason for bypass: excessive rainfall, I&I, Surface runoff

Steps taken to prevent recurrence: \_\_\_\_\_

Impact to receiving stream and/or surrounding areas: none

Steps taken to clean up or treat bypass: lime area

Corrective action needed: \_\_\_\_\_ Comply by date: \_\_\_\_\_

Reported information confirmed: ☒ Yes ☐ No If no, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: Jonathan Schulz ID #: 284572 Date: 06/1/17  
ECLS Representative

OKC Central Office Use Only  
BYPASS ID #